

MEMBERSHIP ID _____



DELTA TRAP CLUB
APPLICATION FOR
MEMBERSHIP

OCTOBER 1st, _____ THRU SEPT 30th, _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

EMAIL: _____

ATA MEMBER: Y / N ATA# _____

I THE UNDERSIGNED WILL ABIDE BY THE ARTICLES OF INCORPORATION AND THE BY-LAWS OF THIS NON-PROFIT CORPORATION.

SIGNATURE: _____ DATE: _____

MEMBERSHIP CARD ISSUED BY: _____

ANNUAL DUES: HOUSEHOLD \$85.00